Cigna Medical Coverage Policy

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INSTRUCTIONS FOR USE

*The following Coverage Policy applies to health benefit plans administered by Cigna companies. Coverage Policies are intended to provide guidance in interpreting certain **standard** Cigna benefit plans. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document **always supersedes** the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations. Proprietary information of Cigna. Copyright ©2014 Cigna*

Coverage Policy

Coverage for the treatment of rosacea is dependent on benefit plan language and may be subject to the provisions of a cosmetic and/or reconstructive surgery benefit. Please refer to the applicable benefit plan language to determine benefit availability and the terms, conditions and limitations of coverage.

Please refer to the applicable pharmacy benefit to determine benefit availability and the terms and conditions of coverage for rosacea medications.

If coverage for treatment of rosacea is available, the following conditions of coverage apply.

Cigna covers surgical excision and skin grafting/flap surgery for the treatment of advanced nodular rhinophyma as medically necessary when the rhinophyma is documented to be causing a functional impairment (e.g., airway obstruction) AND frontal, lateral, and worm's eye photographs document the condition.

Cigna does not cover treatment of the untoward cosmetic effects associated with rosacea (e.g., telangiectasia, erythema) because such treatment is considered cosmetic in nature and not medically necessary. Under many benefit plans, services are not covered when they are performed solely for the purpose of altering appearance or self-esteem, or to treat psychological symptomatology or psychosocial complaints related to one's appearance. Rosacea treatments that are considered cosmetic in nature and not medically necessary include, but are not limited to:

- chemical peels of any type
- dermabrasion
- intense pulsed light (IPL)

- laser therapy (e.g., pulsed dye)

General Background

Rosacea is a chronic disorder affecting the facial skin and is associated with blushing. Rosacea develops slowly, starting with redness around the cheeks and worsening to additional symptoms and affecting other parts of the face. Adults, starting at 40–50 years of age, are most often affected, especially fair-skinned people. In general, treatment of rosacea is aimed at improving the untoward cosmetic effects associated with the condition of the condition. Surgery may be indicated in a selected subset of individuals with advanced nodular rhinophyma when the condition is causing a significant functional impairment.

The signs and symptoms of rosacea vary from person to person and are often intermittent. The clinical conditions of rosacea include (Zager, 2012; Habif, 2009; American Academy of Dermatology [AAD], 2008a):

- Erythema or flushing of the face/neck
- Pimples: The pimples, or papules and pustules, of rosacea, appear as small red bumps and occur as the disease progresses.
- Red lines: Some individuals with rosacea notice red lines, called telangiectasia, which appear when they flush.
- Bumps on the nose: Nasal bumps, a condition called rhinophyma, are an uncommon sign seen especially in untreated rosacea.
- Facial dryness, burning, stinging or itching

The diagnosis of rosacea is made clinically. A skin biopsy is sometimes performed to exclude diseases such as lupus or sarcoidosis. The most commonly used classification system is based on predominant lesion morphology and was developed by a committee of the National Rosacea Society. Patients are classified as having one of four types of rosacea: erythematotelangiectatic, papulopustular, phymatous, or ocular with a variant form referred to as granulomatous. Individual patients may overlap one or more subtypes, but this system allows physicians to determine therapy based on similar lesion types. Therapeutic options for the various lesion types are easily categorized, and there are few medications or modalities that are significantly effective in more than one category (Ferri, 2015; Baldwin, 2007).

In addition to the skin manifestations of rosacea, about half of rosacea patients also have ocular rosacea, which can cause serious eye irritation. The most common complication of the eye associated with rosacea is an intermittent inflammatory conjunctivitis, with or without blepharitis. Prominent symptoms include eyes that are itchy, burning, or dry; a gritty or foreign body sensation; and erythema and swelling of the eyelid. The ocular changes can become chronic. Corneal neovascularization and keratitis can occur, leading to corneal scarring and perforation. Episcleritis and iritis have also been reported to occur in patients with rosacea (Blount, et al., 2002).

Treatments
Rosacea can be treated and controlled, but there is no cure. Since the pathophysiology of rosacea is unknown, the treatments or therapies of rosacea empirically target the signs and symptoms of the disease. As previously stated, treatment for rosacea is usually performed solely for cosmesis, with the primary purpose being to improve appearance of the skin. However, in certain rare cases of advanced nodular rhinophyma, the condition causes a functional impairment such as airway obstruction, and thus surgical therapy may be indicated. In most patients who receive treatment, a stable state is reached with variable residual symptomatology.

Prior to initiating therapy, identification of any trigger factors are considered. Triggers are both exposures and situations that can cause a flare-up of the flushing and skin changes in rosacea. Trigger factors are specific for each patient and do not affect every patient. Common triggers include: hot or cold temperature, wind, hot drinks, exercise, spicy food, alcohol, emotions, topical products that irritate the skin or impair barrier function, menopausal flushing, and medications that promote flushing. It is recommended that those trigger factors that induce flushing be avoided. Patients are recommended to use a broad-spectrum, gentle sunscreen daily; avoid midday sun, and use protective clothing when in the sun. The untoward cosmetic signs of rosacea may be camouflaged with nonirritating concealers and cosmetics. A combination of treatments is often prescribed,

depending on the individual patient's needs. Sometimes both an oral antibiotic and a topical medication are prescribed (Kupiec-Banasikowska, et al., 2014; Pelle, et al., 2004).

Erythema or Flushing: Oral and topical therapies do not clear the redness or reduce the appearance of dilated blood vessels. Anti-inflammatory medication may be used to treat the erythema. Electrosurgery, intense pulse light (IPL) and laser surgery or vascular lasers are often used to destroy the visible blood vessels below the skin. Multiple IPL or laser therapy treatments may be needed to achieve the optimum results. Anecdotal evidence indicates treatment of rosacea with medications that reduce flushing may include anticholinergic medications (e.g., glycopyrrolate), alpha-2 adrenergic agonists (e.g., brimonidine), beta-blockers, clonidine, and psychotropic medications. These medications can have serious side effects that should be weighed against potential benefits. These therapies or treatments do not treat the underlying cause of rosacea but rather the red appearance of the skin which is associated with rosacea; therefore, these treatments are cosmetic in nature.

Papules and Pustules: Topical medications (e.g., metronidazole) and/or oral antibiotics (e.g., doxycycline) are frequently prescribed. The oral antibiotics tend to work faster than the topical medications. Glycolic acid peels, washes, and creams have been proposed to be used in combination with oral antibiotics. Chemical peel solutions damage the outer layers of the skin and stimulate collagen formation, resulting in dermal regeneration, thereby improving the appearance of the skin. Alpha-hydroxy acids (AHA), such as glycolic, lactic, or fruit acid, are used in superficial peeling to rejuvenate and resurface sun-damaged skin, soften the appearance of pores, treat fine wrinkles and reduce uneven pigmentation. For severe cases, off-label use of the retinoid isotretinoin may be used to help shrink thickened facial skin and diminish nodular rosacea. Due to the serious side effects of isotretinoin, it is commonly reserved for cases in which multiple treatments have failed.

Ocular: It is recommended that those patients with eyelid inflammation cleanse their eyelids often by gently scrubbing the eyelids with diluted baby shampoo or an over-the-counter eyelid cleaning product and apply warm compresses several times daily. Oral antibiotics are used to treat the ocular symptoms of rosacea. A short course of topical corticosteroid solution may be useful for symptomatic relief of ocular rosacea. It is recommended that ocular steroid therapy be initiated and managed by an ophthalmologist because experience with this treatment is limited. Liquid tears are useful for dry eyes and relief of ocular itching. Low-dose treatment with oral isotretinoin has also been successful in recalcitrant ocular cases (Kharod-Dholakia, et al., 2014).

Rhinophyma: Early treatment of rhinophyma is recommended to help prevent the condition from progressing and becoming more difficult to treat. Changes due to rhinophyma can become permanent. The nasal skin can be erythematous with telangiectasias and sometimes become purple in color. In severe cases, the skin can have pits, fissures, and scarring. There can be infection and bleeding. In the rare advanced stages, rhinophyma can result in collapse of the nostrils, resulting in airway obstruction. Rhinophyma does not respond well to medical therapy. Rhinophyma can be corrected surgically, but the condition may recur. Generally, cosmetic surgery is performed to remove thickened tissue that can appear around the nose. The following cosmetic treatments are used to sculpt areas to a more normal appearance: dermabrasion, cryosurgery, electrosurgery, and/or laser surgery.

Surgical procedures are indicated for the treatment of advanced nodular rhinophyma, which may result in functional impairment such as airway obstruction. The surgical procedures can broadly be divided into full excision of the abnormal tissue and repair of the defect by graft or flap, and partial excision leaving the lower part of the pilosebaceous unit intact (superficial decortication). It has been reported that the latter appears to result in better results and is the treatment of choice. Treatment options may be combined to obtain best results (AAD, 2008a; Gupta, et al., 2005; Laube, et al., 2002; Rohrich, et al., 2002). Frontal, lateral, and worm's eye photographs can document the condition.

Laser and Intense Pulsed Light (IPL) Treatment: An ever-increasing number of lasers and a non-laser light therapy called intense pulsed light (IPL) are available for treating rosacea. Data on the effectiveness and safety of lasers and non-laser light therapy is limited. The U.S. Food and Drug Administration (FDA) classifies laser and light therapies as procedures; therefore, long-term studies are not required. Most of what is known comes from observations made while treating individual patients. It is recommended that patients continue to consult their primary care physician or dermatologist for treatment and avoid personal rosacea triggers (AAD, 2008b). These therapies or treatments do not treat the underlying cause of rosacea but rather the appearance of the skin; therefore, these treatments are cosmetic in nature.

The FDA has granted 510(k) approval for several light and laser systems which can be found on the FDA 510(k) database. IPL is referred to by a variety of trade names or service marks (e.g., FotoFacial™, PhotoDerm®, PhotoFacial™, EpiLight™, MultiLight™, and PlasmaLight™).

There are a variety of lasers including, but not limited to (Laube, et al., 2002):

- argon
- carbon dioxide (CO_2)
- copper-bromide
- erbium: yttrium aluminum garnet (Er:YAG)
- krypton
- neodymium: yttrium aluminum garnet (Nd:YAG)
- potassium-titanyl-phosphate (KTP)
- pulsed dye (e.g., Candela V-Beam)

Use Outside of the US
No relevant information found.

Summary
Medical and surgical treatment of rosacea is usually performed for cosmesis, with the primary purpose being to improve appearance of the skin. In rare instances, advanced nodular rhinophyma may result in a functional impairment (e.g., airway obstruction) and surgical treatment may be indicated.

Coding/Billing Information

Note: 1) This list of codes may not be all-inclusive.
2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Covered when medically necessary:

CPT®* Codes	Description
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less
15261	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm (List separately in addition to code for primary procedure)
15630	Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips
30120	Excision or surgical planing of skin of nose for rhinophyma

Not Medically Necessary/Cosmetic/Not Covered for the treatment of the untoward cosmetic effects associated with rosacea:

CPT* Codes	Description
15780	Dermabrasion; total face (e.g., for acne scarring, fine wrinkling, rhytids, general keratosis)
15781	Dermabrasion; segmental, face
15782	Dermabrasion; regional, other than face
15783	Demabrasion; superficial, any site, (e.g., tattoo removal)
15788	Chemical peel, facial; epidermal
15789	Chemical peel, facial; dermal
15792	Chemical peel, nonfacial; epidermal
15793	Chemical peel, nonfacial; dermal

17000†	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion
17003†	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)
17004†	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions
17106†	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm
17107†	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm
17108†	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm
96999†	Unlisted special dermatological service or procedure

†Note: Not Medically Necessary/Cosmetic/Not Covered when used to report intense pulsed light (IPL) or laser therapy (e.g.; pulsed dye) for the treatment of the untoward cosmetic effects associated with rosacea.

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